

DRAFT HHA letterhead

You must complete questions 1 – 3 and sign this form, in order for the following member

Name: _____ **Date of Birth:** _____ to receive:

- ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech-Language Therapy

The Department of Health and Human Services adopted a change to the MaineCare Benefits Manual on January 20, 2006 to Section 40, Home Health Services. This rule change added a rehabilitation potential prerequisite for adults receiving occupational, physical, and/or speech-language therapy services reimbursed under MaineCare Home Health Services. A referral request for therapy services must include a copy of this form, which serves as your documentation of the member's rehabilitation potential.

Rehabilitation Potential is the documented expectation by a physician of measurable, **“functionally significant improvement”** (*the demonstrable, measurable increase in the individual's ability to perform specific tasks or motions that contribute to independence outside the therapeutic environment*), in the member's condition in a reasonable, predictable period of time as the result of the prescribed treatment plan.

1. I assessed the member by:

- ☐ Phone
☐ Examination
☐ Therapist evaluation
☐ Other, please explain _____

2. I certify that the member has rehabilitation potential for his or her complaint/diagnosis of _____ because of a/an:

- ☐ Acute condition
☐ Acute exacerbation of chronic condition
☐ Past response to therapy
☐ Other, please explain: _____

3. I expect the member to attain measurable functional improvement, because of the following indicators:

I certify (or re-certify) that it is medically necessary for this patient to receive physical, occupational and/or speech–language therapy and that the therapies meet the MaineCare rehabilitation potential criteria. The patient is under my care, and I have authorized these therapies as part of the plan of care and will periodically review the plan for continued rehabilitation potential.

Dr. _____
(Physician's Signature) (Print Physician's Name)

Please fax to (HHA) @ (fax number)